

**Wednesday, October 27, 2004, Concurrent Session B-4, 3:30-5:00pm**

**Title: Health Promotion / Protection Programs Among Public Safety Officers – Lessons for Other Occupations / Industries**

Session Organizers and Moderators:

Tom Hales - NIOSH

Rich Duffy – International Association of Fire Fighters (IAFF)

Audience: Approximately 30 people: 1/3 – public safety professionals; 1/3 – health professionals, 1/3 – other (attending for communication materials, program planning ideas, research).

Speakers –

- Rich Duffy
- Steven Moffatt, MD, MPH
- Don Stewart, MD
- Thomas Griggs, MD
- Frank Pratt, MD, MPH

Mr. Duffy, the Health and Safety Director for the IAFF, began the session by giving a brief history of the fitness/wellness initiative in the fire service. Over 80 technical experts, labor leaders, and management officials from ten Cities representing 26,000 fire fighters convened six times to conceive, develop and approve the program. In 1997 the IAFF joined with their management colleagues, the International Association of Fire Chiefs (IAFC), to publish their copyrighted document entitled, “Fire Service Joint Labor Management Wellness Initiative.” The document provides fire departments with specific information on how to develop a state of the art fitness/wellness program. Key components of a successful program include:

- Commitment by management and labor
- Medical, fitness, rehabilitative, mental health, and behavioral components
- Mandatory employee participation
- Confidentiality of the evaluation results
- Performance testing that triggers rehabilitative, not punitive, options
- Data collection components

Three of the four speakers in the session will describe their experience implementing this program.

Dr. Pratt is the medical director of the Los Angeles (LA) County Fire Department. While the LA County program was an overall success, he described the following barriers:

- Difficulty implementing a mandatory program
- Concern among fire service members that if a health condition was identified it could affect their continued employment as a fire fighter and the resulting financial consequences for their families
- Some of the examining physicians did not have a good understanding of the physical and mental demands of fire fighting
- The lack of a procedure to collect, computerize, and analyze the data collected as a part of the initiative.

Dr. Stewart is the medical director of the Fairfax County Public Safety Occupational Health Center. The core product of the program is annual and periodic medical evaluations. This program is important for county certification, and is viewed by most employees as a benefit. One challenge is convincing young, relatively healthy, fire fighters the importance of annual medical evaluations rather than just fitness evaluations. Dr. Stewart considers their program an overall success and pointed to several key features:

- Stakeholder (champion) within the organization
- Adequately funding
- The program must understand the culture of the workforce

Dr. Griggs is the Medical Programs Director for the North Carolina State Highway Patrol. He described a wellness program consisting of health fairs for Highway Patrol officers across the state of North Carolina and part of Georgia. Dr. Griggs shared baseline data from participating officer regarding demographics, body mass index, vital signs, smoking status, levels of pain, and mental health. Key components for his program included:

- employee involvement (ownership)
- partnership commitment
- Marketing of program

Dr. Moffett's is the Medical Director of the City of Indianapolis and Marion County Sheriff's Department. He presented the impact a fitness/wellness program in the Fire Department over a four year period. He documented a statistically significant improvement in nutrition (fruit and vegetable consumption), blood lipids, systolic/diastolic blood pressure, smoking prevalence, and body fat. Interesting, there was no improvement in overall fitness level as measure by  $VO_{2m}Max$ . Important components to the program's success and future opportunities included:

- Partnerships with the employer and employees
- Having a multi-disciplinary occupational health clinic
- Research findings

## Discussion

Due to time constraints, the discussion was limited. Emphasis on nutrition was noted throughout all the presentations. Need for funding to analyze the data collected as part of the IAFF/IAFC Fitness/Wellness Initiative. Baseline testing is important only to measure progress, but to establish a historical record (e.g. spirometry results of 9/11 survivors). Acceptable  $VO_2Max$  for structural fire fighting was considered to be a minimum of 35 ml/kg/min. Finally, some questions were directed to Dr. Moffatt regarding his results.